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Published PDF deposited in [CURVE](#) July 2014

**Original citation:**

Wimpenny, K. , Savin-Baden, M. and Cook, Clare (2014) A qualitative research synthesis examining the effectiveness of interventions used by occupational therapists in mental health. *British Journal of Occupational Therapy*, volume 77 (6): 276-288. DOI: 10.4276/030802214X14018723137959

<http://dx.doi.org/10.4276/030802214X14018723137959>

**Publisher:**

College of Occupational Therapists

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# A qualitative research synthesis examining the effectiveness of interventions used by occupational therapists in mental health

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## Key words:

Qualitative research, synthesis, effectiveness.

## UK Occupational Therapy Research Foundation

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**Reference:** Wimpenny K, Savin-Baden M, Cook C (2014) A qualitative research synthesis examining the effectiveness of interventions used by occupational therapists in mental health. *British Journal of Occupational Therapy*, 77(6), 276–288.

DOI: 10.4276/030802214X14018723137959

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Submitted: 4 March 2013.

Accepted: 8 October 2013.

**Introduction:** To date, a range of qualitative studies have been undertaken in intervention effectiveness, but none has synthesized such studies within the occupational therapy mental health literature. This research article presents a qualitative research synthesis that identifies those interventions used by occupational therapists, internationally, which are viewed as effective from both clients' and carers' perspectives.

**Method:** Qualitative research synthesis was used to analyse, synthesize, and interpret results from qualitative studies. Twenty-two studies, collectively capturing client, carer, and occupational therapists' perspectives, were synthesized by the research team.

**Findings:** The findings identified four themes, which indicated that the occupational therapist needs to exhibit *professional artistry*, facilitate *occupational engagement*, pace occupation to support the achievement of client goals and *new horizons*; and also recognized the importance of *inclusion* that promotes client participation and a sense of belonging in a range of socio-cultural contexts.

**Conclusion:** The use of occupational interventions that provide space for healing, self-rediscovery, identity formation, and community participation, were valued more than short, psychological-based interventions focused on case management and the assessment of mental stability, which were seen as superficial in scope. Occupational therapists need to demonstrate an authentic therapeutic relationship that is built upon care, trust, and respect, in order for interventions to have impact.

## Introduction

Occupational therapy as a profession is experiencing an increasing need to demonstrate its contribution and perceived effectiveness across practice settings by examining clients' and carers' views (Bannigan et al 2008). Alongside client perspectives, the commissioning consortia need to be convinced that occupational therapy services are valued, otherwise the profession is at risk of losing its funding to outside providers. In the United Kingdom (UK) this situation is becoming critical as health care moves towards Payment by Results and Cluster/Pathway-based commissioning (Department of Health [DH] 2010a, DH 2010b). Identifying existing practice and the effectiveness of occupational therapy in mental health is therefore crucial.

This research article presents the first qualitative research synthesis (QRS) undertaken to identify the types of interventions used by occupational therapists internationally, from the perspective of clients, carers, and occupational therapists, respectively. Detail is included on how the synthesis process was conducted. The main findings are discussed in relation to four themed areas and recommendations for practice, policy, and the commissioning of occupational therapy services are suggested.

## Context

There have been a number of systematic reviews bringing together the evidence of the therapeutic effectiveness of occupational therapy in mental health in relation to specific practice areas. For example, falls prevention with people with Alzheimer's disease and related dementias (Jensen and Padilla 2011) and interventions focusing on participation and performance in occupations related to both paid and unpaid employment, as well as education for people with serious mental illness (Arbesman and Logsdon 2011). Such studies are valuable in reviewing the existing evidence about specific occupational interventions to inform future practice and research. However, as highlighted by Bullock and Bannigan's (2011) systematic review of activity-based group work in community mental health, when robust evidence is lacking, there are limitations as to what such reviews can contribute to the field. It is also worth noting that the aforementioned reviews generally excluded qualitative studies, as they were not able to address questions of effectiveness.

The challenge in reporting therapeutic effectiveness is to find ways to demonstrate not only clear links between the intervention used and its effect upon function, but also how interventions enable individuals to enjoy improved quality of life and overcome obstacles to participation (American Occupational Therapy Association [AOTA] 2007). In measuring effectiveness, baseline and discharge comparisons with reliance on pre- and post-testing are recognized as valuable forms of evidence for the profession. However, other research is being conducted that also examines therapeutic effectiveness, but from studies which examine the *complexity of factors* that influence occupational therapy interventions (Robertson and Colborn 2000). This research article argues that such evidence can be accessed through the more personalized perspectives that *qualitative* forms of research examine and report upon (Savin-Baden and Major 2013). Further, as the purpose of occupational therapy intervention is to enable occupation, judgements about the effectiveness of the service should be based on the degree to which clients consider the purpose achieved (College of Occupational Therapists [COT] 2006, Whitley 2005).

As Hocking (2007) argued, the profession needs to promote its use of occupation more effectively. What are required are robust bodies of evidence, built up through both larger (quantitative) and smaller-scale (qualitative) studies that seek to confirm, challenge, or redefine other studies, so that a more integrated picture of occupational therapy's practice and effects in mental health can emerge. The challenge of utilizing the growing number of mixed methods studies as robust forms of evidence is noted here. Without adequate methodological and theoretical positioning, using detailed methods, such studies tend to be overlooked because they do not satisfy either qualitative or quantitative research criteria.

This study sought to conduct a synthesis of robust qualitative research evidence examining therapeutic effectiveness, particularly from the perspectives of clients and carers.

## Method

QRS was adopted for this study. This is a methodologically-grounded approach that uses qualitative methods to analyse, synthesize, and interpret the results from qualitative studies. The purpose of the synthesis was to make sense of concepts, categories, or themes that have recurred across a particular data set in order to develop a comprehensive picture of the findings, whilst ensuring the social, historical, and ideological context of the research is maintained (Sandelowski and Barroso 2007). QRS provides integrated forms of knowledge and a means of making connections between existing studies, thereby providing ways to advance professional knowledge through examination of qualitative evidence that is both broad and deep. Furthermore, QRS provides researcher knowledge about quality issues when conducting qualitative research, since only studies of accepted calibre are included.

The QRS process involved the following stages, as detailed by Major and Savin-Baden (2010):

- Identify area of research and research question
- Identify, filter, and collate qualitative studies related to the research question across a large area of literature
- Appraise, in-depth, the theories and methods used in each study
- Compare and analyse findings for each study
- Synthesize the findings for each study
- Undertake an interpretation of findings across the studies
- Provide recommendations

## Research question

Ethical approval for the research was granted by Coventry University. The research focused on the international occupational therapy literature and examined qualitative studies that captured the perspectives of clients, carers, and occupational therapists on the effectiveness of occupational therapy practice. The research question was: *what is perceived to be effective — and from whose perspective — when considering interventions used by occupational therapists in mental health?*

Components of the research question were examined, such as 'setting' (where? in what context?), 'perspective' (who?), 'intervention' (the phenomenon of interest), 'comparison' (what else?) and 'evaluation' (how well? what result?) (Booth 2004). Interventions were based on areas of human occupation, including activities of daily living (ADL) and work and leisure/play occupations (Kielhofner 2008, p5).

## Sampling framework

Purposive sampling was undertaken via a search of online databases that included CINAHL, Medline, PsycINFO, AMED, ASSIA, and SCOPUS. A broad search strategy, using both subject and keyword searching, focused on the following areas: mental health disorders, occupational therapy, interventions used by occupational therapists, and qualitative research. A broad sweep of the databases found over 2,000 papers. This was narrowed using inclusion and exclusion criteria, as outlined in Table 1. The remaining 71 papers were appraised in terms of study quality (see Table 2).

**Table 1. Inclusion and exclusion criteria for the study**

Include	Exclude
Sources between 2000–11	Sources and publications before 2000
Sources related to occupation-focused interventions, occupational participation, and performance tasks	Sources and publications not related
Sources detailing the nature of the interventions	Sources lacking adequate detail on this
Ways in which the interventions are used	Sources lacking adequate detail on this
Effectiveness of interventions: that is, perceived benefits from service user, carer, and/or occupational therapy perspectives	Sources lacking adequate detail on this
Adoption of interventions: for example, use/uptake of certain interventions over others	Sources lacking adequate detail on this
International literature	Sources not in English language
Mental health/illness, individual factors	Sources not related to mental health: for example, physical, learning disability
Adult, older adult population	Children and young people
All contexts where mental health occupational therapists work: for example, acute, day services, community services	
Primary empirical qualitative studies To include case study research, narrative inquiry, ethnography, phenomenology, (participatory) action research, grounded theory	Quantitative studies, literature reviews, other syntheses
Peer-reviewed journal articles	Grey literature, reports, conference proceedings
Use of rich description	No data presented

**Table 2. Criteria for evaluating studies suitable for qualitative research synthesis\***

	0 No mention	1 Some mention	2 Good mention	3 Extensive mention
Researcher(s) situated in relation to participants				
Mistakes voiced				
Researcher(s) situated in relation to the data				
Researcher(s) take a critical stance toward research				
Participant involvement in data interpretation				
Study theoretically situated				
Different versions of participants' identities acknowledged				

\*Adapted from Savin-Baden and Major (2007, p838).

Twenty-two articles, that rated 2 or 3 in at least five of the seven categories identified in Table 2, were selected for analysis and interpretation. Studies rejected included those that were not methodologically positioned, or where the description provided of the methodology and methods used were thin, absent, or where thick description was lacking.

## Analysis, synthesis, and interpretation

The task of analysing the research data, translating, representing, making judgements, and envisioning relationships amongst concepts and research decisions was a complex and labour-intensive task. A three-person research team was beneficial in sharing out tasks, and also provided opportunity for greater meaning to be constructed through taking a communal approach, focused on a wider, deeper interrogation and analysis of the data (Wimpenny and Savin-Baden 2012). The research team comprised an academic (first author), a methodology expert (second author), and a clinical expert (third author), who were aware of their own guiding philosophical stances as occupational therapists, which focused

on the valuing of inclusivity and reciprocal forms of expertise, all of which had bearing upon the synthesis process.

The 22 papers represented an international perspective in terms of country of authorship, and largely focused on adult mental health service delivery, with less data available in relation to older people and/or carers' perspectives (six papers). Eleven papers focused on service user perspectives, and eleven included studies of service users', carers', and occupational therapists' perspectives. The first author focused on the latter set of studies and the third author on the former, with the methodology expert having an overarching focus. Two papers from each set were critiqued by both the first and third authors as a means of ensuring quality in one another's approach. This process was overseen by the team expert; no major disagreements were noted.

All papers were summarized in order to enable comparison, and data extraction tables were used to examine the detail from the studies. The researchers then used reciprocal translation analysis, where studies were translated into one another where possible, and refutational analysis, which meant

**Table 3. Presentation of QRS themes**

Overarching first-order descriptive themes	Second-order analytical themes	Third-order interpretations
Client centredness	Valued actions and interactions Therapeutic alliance/partnership	Professional artistry a) interaction and legitimacy b) pragmatism and reflection Occupational engagement New horizons Inclusion
Meaningful occupation	Cultural and social relevance Choice of occupation Occupational gain	
Managing the challenge and pace of therapy	Getting the balance right Levels of engagement – process and end product User-led choice versus nurturing growth	
Moving on	Being or becoming Influence of socio-political factors	
Supportive environments	Safety and risk taking Conflict and congruence within partnership working Resources Sense of place and space	
Therapeutic reasoning	Pragmatic discourse Articulation of professional theory Value of reflection Illness-orientated practices Philosophy driving practice	

locating themes that did not compare, where perspectives might compete (Noblit and Hare 1988). Level 1 themes were identified from this process.

The process of moving from first- to second-order themes involved the following steps:

- Combining themes across studies
- Expanding or redefining themes
- Re-reading data
- Developing a matrix of studies to locate cross-study themes
- Developing second-order themes

### Consultation with the steering groups

The research partnership also involved establishing three steering groups that included clients and occupational therapy practitioners from three West Midlands Mental Health Trusts. The aim and function of the steering groups was to oversee the project and to discuss and critique the interim findings. It was vital that beneficiaries, stakeholders, and clients accessing services should be involved in identifying the ways in which the findings could inform where and how future services should be developed. The three steering groups each met three times, including during the development of first- and second-order themes. The meetings offered opportunity for group members to question methodological decisions and scrutinize the QRS process more generally. It allowed the groups to examine the definitions of first- and second-order themes, with example data provided to locate cross-study themes. Themes were defined and refined following group discussion; refinements typically involved the need to adjust terminology so that it was accessible for a wider audience.

### Undertake an interpretation of findings across the studies

The final stage of the synthesis involved the development of third-order interpretations, involving the translation of information from the first- and second-order themes to a higher level, whilst maintaining data integrity. Frequent research team meetings occurred throughout the synthesis process so that individual interpretations could be explored, qualified, and combined. Further meetings with the steering groups provided invaluable support in ensuring that there was congruence across the themes. Table 3 presents the full set of QRS themes.

## Findings

The findings revealed a particular set of attributes that are important to any intervention type. Such attributes reflect the capabilities of the therapist, the practice context, and the way in which an intervention is delivered.

The findings do not rank different intervention types in terms of their relative effectiveness; neither do they suggest that particular interventions used by occupational therapists in one country are perceived to be more beneficial to clients and carers than those used elsewhere (although the perceived benefits of different interventions are indicated, see Table 4).

The synthesis identified four third-order themed areas, which were found to be central to effective intervention; 'professional artistry', 'occupational engagement', 'new horizons', and 'inclusion', described more fully below.

**Table 4. Intervention and perceived value of approaches used in occupational therapy**

Article	Intervention type	Perceived value	Context	Perspective	Country
Apte et al (2005)	Specific occupational assessment strategy — Occupational Performance History Interview (OPHI)	<ul style="list-style-type: none"> <li>Both clients and therapists viewed OPHI as positive for understanding clients' unique life experiences and needs</li> <li>Helpful in goal planning</li> <li>Tool requires artistry to effectively administer</li> </ul>	Participants involved in an independent living and vocational services programme	Client Therapist	United States (USA)
Blank (2004)	Providing services which are client centred with a focus on partnership work with clients	<ul style="list-style-type: none"> <li>Therapists' personality, behaviour, skill level, and use of boundary issues important to clients</li> <li>Lack of feedback on progress, authoritative attitude — viewed by clients as barriers</li> </ul>	Clients accessed from community mental health services, known to services for at least 6 months and seeing an occupational therapist	Client	UK
Cole (2010)	Physical activities: <ul style="list-style-type: none"> <li>— Swimming</li> <li>— Walking</li> <li>— Cycling</li> </ul>	Importance of respecting clients' values and interests and accommodating performance capacity; acknowledging that experience for some was that of being bored, or of the activity being too competitive	Clients referred with mild to moderate depression and anxiety, from community mental health services	Client	UK
Cook and Chambers (2009)	Community support for people with psychosis: <ul style="list-style-type: none"> <li>— Community re-integration</li> <li>— ADL</li> <li>— Sport and leisure</li> <li>— Public transport</li> <li>— Back to education</li> </ul>	<ul style="list-style-type: none"> <li>Effectiveness related to an encouraging, tailored approach towards client achievement and independence</li> <li>Poor non-verbal and verbal skills, and the pacing of therapy goals were seen to exacerbate client feelings of low self-esteem and worthlessness, and willingness to try things out</li> </ul>	Clients accessed from two community mental health teams specializing in working with people with psychosis	Client	UK
Cordingley and Ryan (2009)	Working with risk: <ul style="list-style-type: none"> <li>— ADL</li> <li>— Sport and leisure</li> <li>— Gardening</li> <li>— Community re-integration</li> </ul>	<ul style="list-style-type: none"> <li>Therapists' willingness and efforts to create occupational participation through use of gardening, physical activity, cooking, and social integration</li> <li>Lack of risk assessment of occupation</li> <li>Lack of client-centred approaches to risk assessment</li> </ul>	Therapists recruited from Medium Secure Forensic Trust and a forensic occupational therapy research group	Therapist	Australia
Egan et al (2010)	Movement from a supervised boarding home to a group home and participation in a supported employment programme	<ul style="list-style-type: none"> <li>Attempts by therapist to maintain clients' physical and mental health</li> <li>Lack of positive benefits of intervention reported</li> <li>Medical model is dominant</li> </ul>	Therapist working in an Assertive Community Treatment team	Client Therapist	Canada
Ennals and Fossey (2007)	Specific occupational assessment strategies — OPHI	<ul style="list-style-type: none"> <li>Clients valued time to talk about what mattered to them, within an occupation-focused framework</li> <li>Clients seen to protect therapist from information which was seen to create difficulty/upset</li> <li>Tool grounded therapists in their professional roles</li> </ul>	Participants recruited from adult community mental health services	Client Therapist	Australia



Table 4 (continued)

Article	Intervention type	Perceived value	Context	Perspective	Country
Finlay (2001)	Promoting holism, exemplified in use of: — ADL — Consideration of physical environment — Discharge planning	<ul style="list-style-type: none"> <li>■ Clear attempts to look beyond the clients' mental health conditions</li> <li>■ Focus on the future</li> <li>■ Pressure of workload, service resources and team constraints</li> </ul>	Therapists recruited from inpatient and community mental health teams (CMHTs)	Therapist	UK
Fisher and Savin-Baden (2001)	Early intervention programme	Effectiveness related to: <ul style="list-style-type: none"> <li>■ Clients' and carers' sense of voice, autonomy, and empowerment</li> <li>■ Being engaged in meaningful roles</li> <li>■ Therapists' anxiety at having necessary support of wider service</li> </ul>	Clients with a diagnosis of schizophrenia or related disorder, referred to an occupational therapy programme (TIME)	Client Therapist Carer	UK
Graff et al (2006)	Working with carers in the home environment in managing care of persons with dementia: — Daily performance — Communication	<ul style="list-style-type: none"> <li>■ Use of activity analysis and education to support carer involvement and client engagement</li> <li>■ Skill evident in balancing clients' and carers' needs</li> </ul>	Therapist working with client and carer in their home	Client Therapist Carer	The Netherlands
Grethe Kinn and Aas (2009)	P/ADL (Avoided craft activities)	<ul style="list-style-type: none"> <li>■ Focus on attempts to make client potential visible</li> <li>■ Therapists desire to demonstrate therapeutic effectiveness through 'doing'</li> <li>■ Tension of professional identity within MDT</li> </ul>	Therapists recruited from inpatient settings	Therapist	Norway
Griffiths (2008)	Group work, using: — Creative activity — Craft projects (painting, pottery)	<ul style="list-style-type: none"> <li>■ Effectiveness in therapists facilitating a space for clients to reflect, space to be themselves, to develop skills</li> <li>■ Safe, nurturing environment</li> <li>■ Pacing and challenge could be detrimental to client engagement</li> </ul>	Participants (mental health problems included anxiety, depression, and bipolar disorder) recruited from two groups facilitated by therapists from different CMHTs	Client Therapist	UK
Gunnarsson et al (2010)	Tree Theme Method (TTM) — Story telling and creative activities	<ul style="list-style-type: none"> <li>■ Clients viewed interventions as: — Relaxing and focused — A means of expression — Providing relief</li> <li>■ Therapists' attitude, approach, and use of boundaries was key to success</li> </ul>	Participants recruited from outpatient mental health units with diagnosis including personality disorders, affective, anxiety, obsessive or eating disorders	Client	Sweden
Heard et al (2001)	Vocational rehabilitation	Effectiveness of the vocational assessment tools encouraged: — Client reflection — Formation of a personal action plan — Provided assessment outcomes Importance of a supportive environment emphasised with a non-judgemental, patient therapist	Client was an outpatient on vocational programme, presenting with a mood disorder	Client	Canada
Hyde (2001)	Support groups for people with psychosis	<ul style="list-style-type: none"> <li>■ Positives for clients at being able to relate to others and develop coping strategies together</li> <li>■ Safe environment in which to share experiences</li> <li>■ Therapists' recognition and importance of their own support needs</li> </ul>	Participants were inpatients admitted with a psychotic illness; in group facilitated by occupational therapists	Client Therapist	UK

## Professional artistry

The ability of the therapist to interact with clients, underpinned by sound professional reasoning, emerged as a key factor in effective interventions. This ability is summed up in the phrase 'professional artistry', defined as the therapists' skill, knowledge, and professional competency in coping effectively with situations of complexity and uncertainty with clients (following Schön 1987, 1983). Such practices reflected therapists' epistemology of practice (professional and personal beliefs,

values and opinions that shape the way the therapist reasons, acts, and understands the world). Two forms of professional artistry were evident:

1. Interaction and legitimacy
2. Pragmatism and reflection

### *Interaction and legitimacy*

The effectiveness of the intervention was demonstrated by good interaction skills, illustrated by therapists' demeanour,

**Table 4 (continued)**

Article	Intervention type	Perceived value	Context	Perspective	Country
Inman et al (2007)	Vocational rehabilitation	<ul style="list-style-type: none"> <li>■ Programme was viewed by clients as supporting transition to a new and generally better place</li> <li>■ Supporting an ethos of 'moving on'</li> </ul>	Participants had severe and enduring mental illnesses; involved on a vocational rehabilitation scheme	Client	UK
Lindstrom et al (2011)	Supporting change in a residential complex: <ul style="list-style-type: none"> <li>— Coaching</li> <li>— Group work</li> </ul>	Effectiveness linked to therapists' ability to support clients' experience of home as a space to frame everyday life, experience belonging, and feel proud	Participants lived in a supported housing residence, guided by occupational therapists; participants were diagnosed with schizophrenia or personality disorder	Client	Sweden
Lloyd et al (2007)	Creative activity: <ul style="list-style-type: none"> <li>— Art</li> <li>— Exhibition of art work produced</li> </ul>	Art was valued as an important means of expression; sessions were seen to provide meaning and purpose, develop agency, and instil hope	Participants were members of a community based arts programme; diagnoses included schizophrenia, mood disorders, depression	Client	Australia
Pooremamali et al (2011)	Interventions with immigrant clients: <ul style="list-style-type: none"> <li>— Use of P/ADL</li> <li>— Employment</li> <li>— Use of supportive accommodation</li> </ul>	<ul style="list-style-type: none"> <li>■ Therapists' attempts to modify therapy strategies to meet cultural needs</li> <li>■ Challenge experienced in appreciating clients' varying values and beliefs</li> </ul>	Participants worked in outpatient units with clients presenting with psychosis	Therapist	Sweden
Stedman and Thomas (2011)	Interventions with indigenous clients: <ul style="list-style-type: none"> <li>— Achieving meaningful client-centred goals</li> <li>— Awareness of culture and respect</li> </ul>	<ul style="list-style-type: none"> <li>■ Therapists positively trying to modify practices and avoid making cultural assumptions</li> <li>■ Challenge of ensuring equality of outcomes and building a shared understanding of needs and goals with the client</li> </ul>	Therapists accessed from across a range of mental health settings: for example, community and acute mental health	Therapist	Australia
Sundsteigen et al (2009)	Support groups: <ul style="list-style-type: none"> <li>— Educational</li> <li>— Creative painting</li> <li>— Self-esteem</li> <li>— Preparedness for life outside the group</li> </ul>	<ul style="list-style-type: none"> <li>■ Importance of occupations used to:               <ul style="list-style-type: none"> <li>— Arouse positive feelings</li> <li>— Provide purpose</li> <li>— Instil pride and well-being</li> </ul> </li> <li>■ Therapists need to listen and understand client needs</li> </ul>	Participants accessed from two outpatient mental health units, where clients attended occupational therapy groups	Client	Sweden
Toth-Cohen (2008)	Working with carers in home environment in managing care of persons with dementia	<ul style="list-style-type: none"> <li>■ Therapists' attempts to highlight carers' positive attributes and actions</li> <li>■ Conflict between therapist and carer perspectives</li> </ul>	Therapists working within community	Therapist	USA



authenticity, and respect towards clients. Building a trusting relationship with the client was a pivotal component of therapists' effectiveness.

Such artistry related to therapists' abilities to recognize the subtleties and nuances required within effective communication, and their skill in demonstrating a tailored, considered response to clients. When enacted it was clear that clients appreciated therapists' efforts, as exemplified in the client comments below (giving the study source in each case):

I think it's very important that any therapist displays care for their client — that they are genuinely interested, that it's not a nine to five job. You know, because if somebody is showing genuine concern that's probably worth a hundred tranquillisers or antidepressants. (Blank 2004, p121)

A responsive approach was highlighted across the client data. For example, it was evident that a therapist's approach in building rapport and establishing the client's occupational history, whilst a positive experience for one, could have potentially damaging consequences on the therapeutic relationship for another:

I don't think it's the greatest way to find out about a person. I think that develops over time, versus having one session to try to figure out what's going on with a person's life, I think it should be taken by steps. In my situation I would probably need more time to think about, like how I should talk about this issue, I am not ready to talk about this. (Apte et al 2005, p184)

What was visible in the data is what Schön (2001) refers to as the messy world of practice, where therapists are required to read a situation, and pick up on sometimes subtle cues from a client concerning the usefulness of a particular practice. Thus, professional artistry embraced not only therapists' skills and awareness of their occupational approaches and communication with clients, but equally their demeanour and ability to read and use non-verbal communication in a spontaneous way.

### *Pragmatism and reflection*

Effectiveness was substantiated by sound therapeutic reasoning and good reflective skills. This was underpinned by professional knowledge, characterized through professional foundations, through to a more dominant medical discourse, but typically illustrated through pragmatism.

... the word that comes to mind is collaborative. We're all in the circle, holding hands, as opposed to me being in the center saying, 'You go here. You go there. Everybody march! This way!' Because at any time they [caregivers] can say, 'let's go right' and then it's off we go, to the right. (Toth-Cohen 2008, p88)

Therapists' examination of their intra- and inter-personal skills, and their means of exerting control, influenced clients' sense of agency and willingness to engage and find meaning in occupational therapy. This is reflected in the following comment from a therapist:

I think especially around the low stuff, which might be like grief and sadness. As clinicians and as human beings, that can be difficult to approach. It can really spark off stuff in you ... I imagine that I give off subtle messages all the time, whether I'm aware of them or not, that I don't want to go near that subject. (Ennals and Fossey, 2007, p18)

Professional artistry included therapists' skill in responding appropriately to client need with legitimacy, and how professional and personal perspectives also become privileged.

Whilst there was evidence of therapists' recognition of the need to focus on client-led rather than therapist-led interventions, the challenge in identifying adequate resources was evident, as in this therapist's comment:

... working within the clients' timeframes and building effective relationships allows interventions to be developed that are actually benefiting the client, not just setting things up in a way that you as the therapist think would be good. [Although] the time it takes to get an outcome is far longer. (Stedman and Thomas 2011, p47)

Therapists' abilities to enact client-centred practices were also influenced at a philosophical level by therapists' commitment to professional values and their response towards a dominant medical-focused team discourse. It is of note that professional supervision was rarely mentioned in the papers as a means of critiquing practice. However, it was evident that therapists engaged in reflection and self-regulation as a means of critiquing and improving their practice, as the following therapist illustrates:

I was too eager ... and he couldn't handle it all. So it really forced me to do a lot of reflection and back up. What can I do to cool down a little bit? Change my way, even my mannerisms and way of speaking with him. Slow down, not speak with so much enthusiasm or excitement, because he's not coming from that. He's really hurting and the bubbly therapist doesn't really help. So I needed to change ... (Toth-Cohen 2008, p90)

What such data revealed was that reflection-on-practice often lead to praxis, in that therapists' tacit knowledge and behaviour shifted. It was also notable that therapists saw themselves as 'seeing differently' from other multi-disciplinary team (MDT) colleagues, this in itself was viewed by therapists as contributing to the effectiveness of therapy. For example, in relation to the question areas used in the Occupational Performance History Interview II (OPHI-II) (Ennals and Fossey 2007), in therapists' willingness to work with risk in occupation in a forensic setting (Cordingley and Ryan 2009), and in being transparent with practice and process (Fisher and Author 2001). It is exemplified in this therapist's comment:

I suppose that I am more positive than the others, because when you start [with the client] at zero, everything you do might be positive. As well as what you don't do, because the others seem very focused on the negative. I try to convey what the patient has actually done during the day ... because this is not often talked about. (Grethe Kinn and Aas et al 2009, p116)

In evaluating the effectiveness of their role, therapists commented upon the value of conveying a person's ability to achieve small, everyday tasks. Nonetheless, despite therapist confidence, it was evident that the ability to promote their occupational identity to clients and colleagues was not something therapists found easy.

Professional artistry accounted for the range of often competing, complex issues and discourses, which therapists need to manage in an artful way. Clients deserve interventions to be delivered by competent therapists who are considered in their practices, not least in relation to the choice and therapeutic use of occupation, as the next theme illustrates.

## Occupational engagement

This is defined as the opportunity that occupation offered clients to fulfil their needs and wants, influenced by the social and physical environment. The effectiveness of the occupation-focused intervention promoted reflection, creativity, exploration and challenge, and personal meaning; it also promoted skill development and feelings of self-confidence (or not) as illustrated by the following client comment:

And when I looked at it; it was a picture and I was so excited! And I ran out and I said to the nurse: 'Come and look at this! Come and have a look at this!' ... And I said, 'What are we going to do with this? We can't move it! It's important! Look what I have done!' (Lloyd et al 2007, p212)

Occupational engagement validated a client's interpretation of her/himself, shaping the individual's occupational competence and occupational identity. Furthermore, the studies in which therapists used occupation-focused tools provided clients with a means of reflecting on their progress, which was valued. In contrast, occupations not adequately paced, nor adequately communicated, had detrimental effects on clients' understanding and sense of self, creating frustration, a sense of failure, misunderstanding, and disengagement for clients (and for carers), as in this client comment:

[O]nce someone says you're doing really well then you can't do it ... they expect you to come up with something good, and it's not always good is it? (Griffiths 2008, p57)

In this instance, rather than sustaining engagement, the client chose to do predictable technical activities, which followed a pattern or set of instructions, in the creative activity group.

In another example, a client's expression of choice around occupation was questioned by the therapist:

'I'm not going to work anymore with the car wash' (Client)  
'No?' (Therapist)  
'I quit working at the car wash' (Client)  
'Are you thinking of going back to that?' (Therapist)  
'No, I've pretty much stopped going to the car wash' (Client)  
'Now why is that?' (Therapist)  
'... 'cause I'm tired of going there, working there ... I'm not doing any hard work, you know, (coughs) no more hard work. I just want to do what I'm doing now ... stay where I am and

just do what I'm doing, take care of myself, cook meals and stuff, wash my clothes, and keep myself tidy, and stay out of trouble, right?' (Client)  
(Egan et al 2010, p75)

Whilst the client's reasoning related to his idea of moving into retirement, such choices did not fit with the therapist's preferred view that he continue to attend the programme in order to maintain his mental stability. Being client centred was thus reflected here in accepting the individual's right to choose not to engage, even if the ability and opportunity is there.

Practitioners need to be mindful of possible disconnections occurring between the type of therapeutic approaches clients value, as well as the tasks that clients are willing and able to engage in, compared with the professional discourse of practice, and the direction therapists wish to take. Mental health services appear to value short, psychological-based interventions, care co-ordination, and care planning, whereas the studies provided examples of client-valued occupations that included creative activities, community-focused integration, vocational and home support, and group work, which provided opportunity and space for healing, self-rediscovery, identity formation, participation, and acceptance in the wider community.

## New horizons

This theme is defined as the opportunity interventions offered to support shifts in clients' perceptions of themselves and their future. It relates to the challenge and pacing involved in supporting issues of 'being', 'doing', and 'becoming' for clients (Wilcock 2006). When therapy was perceived to be effective, clients shared the personal shifts they experienced. In the excerpt below, the client was encouraged into social occupations in a group home environment:

I've become pluckier and can say 'no' even to an opinionated person. I have learnt through others how to deal with different situations, problems, symptoms, conflicts, celebrations, courses, etc. (Lindström et al 2011, p290)

Below, the client verbalized an occupational story and gained courage to test out new ways of behaving in social situations:

I handle my mum better, she's always told me what to do, and I've been nice and haven't said no ... but I don't need her consent anymore and I don't care if she gets cross. (Gunnarsson et al 2010, p204)

Such interventions explored ways of managing social interactions with others. A therapist's skill was nonetheless required in the artful interpretation of client cues. New horizons is thus important in capturing the challenge of balancing user-led choice (client stance) with promoting user-led growth (therapist stance), and the mismatch of interpretations which can occur between therapists and clients about what moving on means. When the client was able to form a picture of a possible future, with the therapist, then steps and choices towards that vision being defined and enabled could occur. Conversely, it was evident that clients

were not always able to envision these new horizons at first, and were more focused on the stage of 'being'; of making sense of oneself, in relation to selfhood and spirituality (Watson and Fourie 2004). Careful assessment to manage the challenge and pace of therapy was therefore an important aspect of moving on, as this client expresses:

There are lots of pros and cons, and it's quite demanding to live like this ... Sometimes I feel anxious as a result of all the expectations from both myself and others [occupational therapy staff supervising the programme] that I cannot live up to. If I know that the expectations of me are positive, it gives me an extra desire to really show that I'm capable of doing more than they think I can. (Lindström et al 2011, p293)

Therapists' awareness of client capacity and self-belief, appreciation of the wider socio-cultural context, discussion of occupational gains, and working with resistance, were all seen to be part of therapists' effectiveness in supporting clients to envision and achieve a valued future. In practice, this was gauged and demonstrated to varying degrees of success through activity analysis. Examples of therapists' reflections illustrate some of the component parts within such analysis:

Beyond clarifying the slope [representation of person's past history of coping] ... trying to use it feels like force-fitting something. It's always a good idea to show it to the clients and verify it ... my question when I started working with her was 'how am I going to help her see possibilities?' To show someone that slope ... would be to call attention again to how bad things are. If I show the slope and ask the question, 'what can you do to change this?' I think the answer is going to be – nothing. (Apte et al 2005, p181)

Engaging in meaningful occupation supported participants to regain a sense of control and feel empowered to make choices, to accept responsibility for feeling better whilst dealing with the fear of scrutiny. This sense of being accepted relates to issues of inclusion.

## Inclusion

This final theme is defined as the effectiveness of therapy in promoting client identity, participation, and sense of belonging in relation to a range of socio-cultural contexts. Data highlighted how effectiveness was achieved through the occupational therapist facilitating environments in which clients could experience a sense of belonging; of being accepted, understood, and supported:

... coming here is like heaven ... it's like taking you out of the normal 'run of the mill life' and putting you in somewhere where it's safe and can help.' (Griffiths 2008, p58)

Accepting people as they are, allowing clients space to express themselves and ask for help but also to give help and support to others, were sentiments expressed by clients in the studies. It was evident therapists were particularly effective in facilitating inclusive and nurturing spaces within group work (Griffiths 2008, Hyde 2001, Lloyd et al 2007,

Sunsteigen et al 2009). Therapists' transparency to share and develop mutual understandings empowered carers to better manage the mental health system, as acknowledged here:

It's a totally different kettle of fish here and I will go to the next review, and because of what I have experienced in these sessions, I will be able to speak with much more confidence and say things that I want to say at the meeting ... I won't feel like I'm coming into a football match two-nil down before I get started ... (Fisher and Savin-Baden 2001, p62)

Inclusion enhanced recovery in a collective sense; for some clients this was experienced within a community art group, for others within a support group for people with psychosis. However, this theme also identifies tensions about inclusion within therapeutic practices. Certainly it appeared within several papers that occupational therapists struggled with 'inclusion for all', failing to see beyond dominant cultural practices (for example, Egan et al 2010, Pooremamali et al 2011).

Although therapists modified their practice in cross-cultural situations with clients and carers, it was evident that cultural, societal, and professional dilemmas created complication for therapists, influencing their reasoning (Grethe Kinn and Aas 2009, Finlay 2001). Clients from indigenous and immigrant communities held a more collectivist worldview, whereas therapists tended to hold a more individualistic worldview, emphasizing client autonomy and responsibility. What was evident in studies dealing with cultural conflict in relation to inclusion was the distinct lack of client voice in being on the receiving end of therapy (Pooremamali et al 2011, Stedman and Thomas 2011). Where evidence from carers' perspectives was available, conflict and congruence was noted between carers' and therapists' explanatory models (beliefs and treatment options) (Graff et al 2006, Toth-Cohen 2008). Further, the voices and perspectives of clients and carers from immigrant and indigenous populations were particularly missing.

In addition, therapists' own abilities to reconcile the cultural ethos of the mental health system with their own professional ethos of client-centred practice was of note. There was a visible tension for some in wanting to be incorporated and valued within MDT working, yet feeling the need to be separate from the dominant (medical) discourse, as indicated by this therapist's comment:

There is a tension between my holistic values as an occupational therapist and the tendency of the service to force people into boxes. I find it really hard when clients are expected to fit into what the service can provide rather than offering a service in response to client need ... I split myself to take the role of 'services representative supporting team values' and 'client-centred therapist who distances herself from the team', depending on the situation (Finlay 2001, p273)

Whilst therapists sought ways of promoting professional perspectives through their actions, it was evident such practices could leave them feeling vulnerable and isolated from both the support of the wider team and in terms of managing client risk:

There are greater risks involved should something go wrong and I think that the prevailing culture can inhibit the development of mental health services, and probably already has, which is why services haven't moved forward particularly ... you feel that if you do stick your head above the parapet to start doing something differently the floor may give way beneath your feet, should anything go wrong. (Fisher and Savin-Baden 2001, p62)

It was evident that therapists struggled with fulfilling the expectations other MDT colleagues had of them (see for example, Cordingley and Ryan 2009, Grethe Kinn and Aas 2009). Rather, occupational therapists sought to establish a niche for themselves, evidenced through their use of occupation. However, there was a perceived lack of risk assessment of occupations and client-centred approaches to risk assessment. It is evident that ideological dilemmas about professional philosophy, theory, and practice within the context of other dominant team discourse requires further attention.

## Discussion

Eisner (1985) uses the term 'professional practice connoisseur' to describe the art of developing a critical appreciation for practice, manifested through therapeutic reasoning. Such connoisseurship extends to therapists' examination of their intrapersonal skills and means of exerting control, and how this is seen to influence clients' sense of agency and willingness to engage in therapy. In this study, artful practice was demonstrated by occupational therapy staff not only in the *deciding* but also in the *doing* of therapy. The findings revealed how inauthentic, un-examined, and un-articulated practice and use of interventions in mental health can have serious consequences on clients' recovery, as well as being damaging to the profession. Indeed, clients placed considerable focus on practitioners demonstrating authenticity and genuineness in terms of the therapeutic relationship. Such artistry draws attention to what is already known about the important values and characteristics and the knowledge and skills of staff (Deane and Crowe 2007, DH 2004). An important focus for professional education then, is to consider how theory and textbook descriptions of procedures translate into the acts of recognition and judgment, and the readiness for action characteristic of professional competence.

Whilst choice in occupation was seen to be most effective when negotiated with clients, the level of effectiveness of an identified intervention was more reflective of the skill and judgement of the therapist in their 'caring, artistry and critical thinking' (Cook and Chambers 2009, p247). Occupational therapists, through their artful practice and use of timely, well gauged, considered occupation, within supportive environments, enabled clients to experience empowerment, self-discovery, and greater means of expression. Occupational therapists were seen to open up new perspectives and possibilities with clients (and carers) to enable enhanced satisfaction and engagement in occupational performance in everyday life. However, as mentioned, it was also evident that therapists were particularly challenged when considering cross-cultural practices, and that indigenous voices were missing.

Of concern was how the occupational therapists in the studies often found it difficult to articulate and capture their unique contribution the profession, and what they can bring to the delivery of mental health services (COT 2007). Further, therapists did not articulate their practice in relation to research and best evidence (COT 2005). That is not to say that good practice in this area is lacking, however it is evident such practices need better reporting. Those who did report use of an occupation-focused model, whilst supportive of guiding their occupation-focused practice, found such theory did not adequately account for the complexity of delivery of client-centred care (see Egan et al 2010). Therapists used more pragmatic approaches, using knowledge constructed through acts of reflection and through consideration of the consequences of chosen actions.

Barnard (1968) has written of 'non-logical processes' that we cannot express in words as a process of reasoning, but evidence rather by a judgment, decision, or action. Occupational therapists need to engage in a process of inquiry that will take the form of on-the-spot problem-solving, or the re-appreciation of the problem (Schön 2001). Practitioners need to be willing to embrace error, accept confusion, and reflect critically on their previously unexamined assumptions (Raven and Stephenson 2001). It was evident from this study that practitioners appeared uneasy with their own inability to describe and capture their professional practice and justify it as a legitimate form of professional knowledge. As such, the study of professional artistry is of critical importance. Occupational therapists should not only strive to better articulate their occupational practice, but also ensure practices capture and measure what can be demonstrated as competent practice.

Although therapists were seen to use reflection as a means of professional self-regulation and for developing enhanced competency, occupational therapists need to meet with each other on a regular basis in order that 'critical conversations' can occur, in which change and challenge can take place (Savin-Baden 2008, p53). The effective use of professional supervision and caseload management has relevance for formulating disciplinary positions, and by formalizing the use of space for professional learning, over time, practice repertoires can be confronted and developed.

## Conclusion

This study highlighted that occupational therapists need to demonstrate their therapeutic effectiveness and impact upon clients' and carers' occupational lives, in order that the profession may be known and understood for its contribution, embracing the range of mental health services in which occupational therapists work, without limiting the complexity of interventions.

The synthesis has provided a bank of evidence to inform the commissioning of services about the effectiveness of interventions delivered by occupational therapists, as indicated by client and carer perspectives.



## Recommendations for future research

The use of occupations that provide space for healing, self-rediscovery, identity formation, and participation in the wider community, delivered by occupational therapists is seen to be valued by clients over short psychological-based interventions focused on case management and the assessment of mental stability, which are experienced as restricted, unhelpful, or superficial in scope.

Further research could consider relating study findings to the importance of replicating or expanding programmes and partnerships, in order to invest in the provision of occupation-focused interventions, with reference to the wider policy context and modernization agenda for mental health in the UK and elsewhere. In relation to their skill mix, occupational therapists have a valuable contribution to make to client recovery, in their ability to respond to the diverse and complex needs of people accessing mental health services effectively, rather than just adequately. However, therapists need to capture and report on their therapeutic effectiveness, and cost-effectiveness, more clearly. Finally, workforce development is required to ensure occupational therapists use occupation-focused, and client experience-led outcomes as standard practice.

## Acknowledgements

Sincere thanks go to all the steering group members, and also to Chris Bark, Occupational Therapy Subject Librarian, Coventry University.

**Conflict of interest:** None declared.

**Funding:** This research was funded by a grant from the United Kingdom Occupational Therapy Research Foundation (UKOTRF).

**Research ethics:** Ethical approval was granted by Coventry University Ethics Committee (Ref: 1372 RRU/Ethics/approval/10.07.12).

### Key findings

- Professional artistry, including use of well-paced occupation and considering the client's stage of recovery, demonstrates the value of the profession to clients accessing mental health services.
- Unexamined relationships and unarticulated practice can have damaging effects on the therapeutic relationship and for the profession as a whole.
- Therapists' means of measuring their therapeutic effectiveness requires better reporting upon.

### What the study has added

Therapeutic effectiveness has been examined from clients' and carers' experiences of occupational therapy service provision in mental health, considering a range of occupational engagement processes, in a range of contexts. The synthesis provides evidence of the perceived contribution and value of occupational therapy to clients' recovery and quality of life.

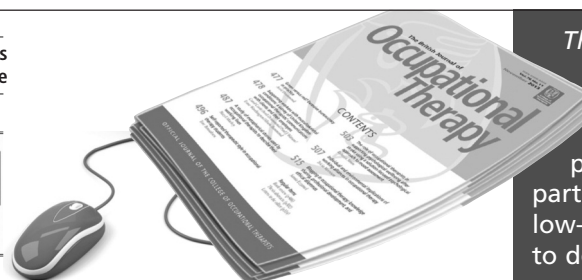
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